

1. CIR./DIST./DIV. CODE GUX		2. PERSON REPRESENTED SHIN, JI SUNG aka JAMES SHIN		VOUCHER NUMBER																									
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:01-000083-002		5. APPEALS DKT./DEF. NUMBER																									
6. OTHER DKT. NUMBER																													
7. IN CASE/MATTER OF (Case Name) U.S. v. SHIN		8. PAYMENT CATEGORY Felony		9. TYPE PERSON REPRESENTED Adult Defendant																									
10. REPRESENTATION TYPE (See Instructions) Criminal Case																													
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 846=CD.F -- CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCE																													
REQUEST AND AUTHORIZATION FOR EXPERT SERVICES																													
12. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: Authorization to obtain the service. Estimated Compensation: \$ _____ OR Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services in excess of \$500) Signature of Attorney _____ Date _____ Panel Attorney : Retained Atty Pro-Se Legal Organization Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address. _____ Telephone Number: _____																													
13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See instructions)			14. TYPE OF SERVICE PROVIDER																										
15. Court Order Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 12 is hereby granted. Signature of Presiding Judicial Officer or By Order of the Court _____ Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization. YES NO			01 Investigator																										
			02 <input checked="" type="checkbox"/> Interpreter/Translator																										
			03 Psychologist																										
			04 Psychiatrist																										
			05 Polygraph Examiner																										
			06 Documents Examiner																										
			07 Fingerprint Analyst																										
			08 Accountant																										
			09 CALR (Westlaw/Lexis, etc)																										
			10 Chemist/Toxicologist																										
			11 Ballistics Expert																										
			13 Weapons/Firearms/Explosive Expert																										
			14 Pathologist/Medical Examiner																										
			15 Other Medical Expert																										
			16 Voice/Audio Analyst																										
			17 Hair/Fiber Expert																										
			18 Computer (Hardware/Software/Systems)																										
			19 Paralegal Services																										
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">CLAIM FOR SERVICES AND EXPENSES</th> <th colspan="2" style="text-align: left;">FOR COURT USE ONLY</th> </tr> <tr> <th style="width:30%;">16. SERVICES AND EXPENSES (Attach itemization of services and expenses with dates)</th> <th style="width:20%;">AMOUNT CLAIMED</th> <th style="width:20%;">MATH/TECHNICAL ADJUSTED AMOUNT</th> <th style="width:30%;">ADDITIONAL REVIEW</th> </tr> <tr> <td>a. Compensation</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Travel Expenses (lodging, parking, meals, mileage, etc.)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. Other Expenses</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">GRAND TOTALS (CLAIMED AND ADJUSTED):</td> <td></td> <td></td> </tr> </table>			CLAIM FOR SERVICES AND EXPENSES		FOR COURT USE ONLY		16. SERVICES AND EXPENSES (Attach itemization of services and expenses with dates)	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW	a. Compensation				b. Travel Expenses (lodging, parking, meals, mileage, etc.)				c. Other Expenses				GRAND TOTALS (CLAIMED AND ADJUSTED):			
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22. TOT. AMT APPROVED/CERTIFIED																													

FILED
DISTRICT COURT OF GUAM

JAN 17 2006

MARY L.M. MORAN
CLERK OF COURT

17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix) and MAILING ADDRESS

TIN: _____

Telephone Number: _____

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____

CLAIM STATUS Final Interim Payment Number Supplemental Payment

I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.

Signature of Claimant/Payee: _____ Date: _____

18. CERTIFICATION OF ATTORNEY: I hereby certify that the services were rendered for this case.

Signature of Attorney: _____ Date: _____

APPROVED FOR PAYMENT - COURT USE ONLY

19. TOTAL COMPENSATION		20. TRAVEL EXPENSES		21. OTHER EXPENSES		22. TOT. AMT APPROVED/CERTIFIED	
23. Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained. Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$500. Signature of Presiding Judicial Officer _____ Date _____ Judge/Mag. Judge Code _____							
24. TOTAL COMPENSATION		25. TRAVEL EXPENSES		26. OTHER EXPENSES		27. TOTAL AMOUNT APPROVED	
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. 3006A(e)(3) Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____							